BRANDON RHA

BRANDON REGIONAL HEALTH AUTHORITY

Annual Report 2003/2004

VISION
A model region, responsive to the community through teamwork and a focus on "health".

MISSION
Promotion of healthy choices and delivery of health services across the lifespan in a variety of settings; in partnership with the residents of the Brandon and neighbouring Regions.

VALUES
Integrity, Continuous Improvement, Respect and Dignity, Teamwork, Accessibility.

The fully accredited Brandon Regional Health Authority (Brandon RHA) offers a wide range of health services and programs to the citizens of Brandon and the municipalities of Cornwallis, Elton and Whitehead; and serves as a regional referral centre for the "Westman" area. Programs and Services include Long Term Care, Public Health, Home Care, Mental Health, Audiology, Medical Officer of Health, Rehabilitation, Acute Care & Ambulatory Care Services, 7th Street Health Access Centre and a full range of Diagnostic Services including MRI and Westman Regional Lab.

Larry Hogue,
Board Chair

Carmel Olson,
CEO

We have the honour to present the annual report for the Brandon Regional Health Authority, for the fiscal year ended March 31, 2004.

This annual report was prepared under the Board's direction, in accordance with The Regional Health Authorities Act and directions provided by the Minister of Health. All material economic and fiscal implications known as of September 30, 2004 have been considered in preparing the annual report.

Respectfully submitted, on Behalf of Brandon Regional Health Authority

Mr. Larry Hogue
Chairman of the Board
Brandon Regional Health Authority Inc.

Dear Mr. Hogue:

I am pleased to provide you with a report outlining the operational activities of the Brandon Regional Health Authority for the fiscal period 2003/2004. There have been some challenges, opportunities, and many successes. The Annual Report highlights the achievements that are a result of the collective efforts of personnel throughout the organization, volunteers, physicians, and numerous community partners.

Although a deficit was projected, we realized a small surplus at year-end, largely due to fiscally responsible strategies, careful scrutiny of expenditures, staffing vacancies, and additional support from Manitoba Health. We will have to continue to pursue efficiencies, collaboration, and innovative approaches to service delivery in order to sustain existing programs in the current fiscal climate.

On behalf of the entire staff, I thank the members of the Board for their enduring support and commitment to the community. I look forward to the Community Health Assessment report and subsequent development of a long-term strategic plan, which will provide the direction necessary to create a system consistent with the needs of the people that we serve. Respectfully submitted,

Ms. Carmel Olson
Chief Executive Officer
Brandon Regional Health Authority Inc.

Year in Review

April 24, 2003 - Premier Gary Doer announces funding for the MRI at the Brandon Regional Health Centre.

April 24, 2003 - Brandon RHA Announces new Board Members; Marion Robinsong, Luba Barletta and Prema Naidu. They have been appointed for 3 year terms. Bill Bryant and Terry Drebit, have been re-appointed for 2 and 3 year terms respectively.

May 8, 2003 - A Walking Poker Derby and BBQ, in celebration of Canada Health Day was held at Fairview and the BRHC.

May 12 – 18, 2003 - Brandon RHA staff and local nurses celebrate Nurses Week. Nursing: At the Heart of Health Care.

May 16, 2003 - A tea was held to celebrate Rideau Park's 15th Anniversary.

June 26, 2003 - A First Nations Elder and a Metis Elder, from the Council of Indigenous Elders, blessed the new Brandon RHA Cultural Room.

August 9, 2003 - Fairview Personal Care Home celebrated their 50 year Anniversary.

September 5, 2003 - MRI Groundbreaking Ceremony was held at the South side of the Brandon Regional Health Centre.

September 13, 2003 - Dudleys Ambulatory Surgical Hospital children's tent event (DASH tent) was held in Princess Park. Brandon RHA and Westman Laboratory staff gave treatment and care to children's stuffed animals.

September 25, 2003 - Brandon RHA signed a unique Partnership Agreement with four aboriginal organizations, three educational institutions, three unions/associations, the City of Brandon, Province of Manitoba and the Federal Government. All parties recognize the importance of Aboriginal people in the Brandon community and that they are not represented in proportion to their potential labour force numbers in the health sector. A collaborative effort on developing initiatives for Aboriginal peoples to attain the education and support required to be employed within the health care sector.

September 29, 2003 - The Paediatric Asthma Program announced it is now offering educational sessions to families and their children who struggle with Asthma.

October 27, 2003 - Brandon RHA Mental Health Services expanded with the addition of Westman Mental Health Crisis Services formerly with the Salvation Army.

November 4, 2003 - A sealed copper box was found at the BRHC front entrance during construction this past summer. The time capsule contained a Brandon Sun dated June 30, 1961 and a Brandon Daily Sun from August 6, 1904. Headlines announced new construction at the hospital, including a new surgical suite.

November 12, 2003 - The Community Health Assessment begins in the Brandon Region with provincial phone surveys to take place November 12 to December 12.

February 1 – 7, 2004 - The Brandon RHA helps launch Annual National Health Care Energy Efficiency Awareness Week celebrating RHA successes and encouraging the community to learn more about what it can do to help. Canadian health care workers, and the system that employs them, have a significant impact on cleaning up and preserving our fragile environment.

March 1, 2004 - A study to determine the relationship between mosquito exposure, human activities and the risk of becoming infected with West Nile virus (WNV) was conducted over a few weeks in southwestern Manitoba.

March 24-27, 2004 - Tours of the new clinical services building were held prior to becoming fully operational. Over 6000 people viewed the new and improved patient services.

Board Governance

2003/2004 Board Members: Garry Bell, Janet Johnson, Bill Bryant, Errol Black, Terry Drebit, Chair Larry Hogue, Wayne Langlois, Karen Peto, Allison McNeill-Hordern, Marion Robinsong, Luba Barletta, Prema Naidu. For the 2004/2005 fiscal year, Minister Dave Chomiak appointed Aldin Foy to fill the vacancy created when Janet Johnson retired from the Board at the completion of her three year term.

Board meetings are held in City Hall Council Chambers the 3rd Tuesday of each month. Meetings are open to the public and also aired on WCG TV. There are four standing committees of the Board: Finance/Audit, Facilities, Governance, and Programs. The Board Chair acts as liaison to the Provider Advisory Council.

How the board assures itself that the health plan is implemented; that funds are allocated appropriately; and the effective systems of control and legislative compliance are maintained:

The Board through its Finance/Audit Committee

- Reviews, approves and recommends financial disclosure.
- Maintains oversight of internal control and management information systems.
- Maintains communication with auditors.
- Focuses on areas of significant risk to the Board.

Management

- Reports accurately, consistently and on a timely basis.
- Selects and recommends policies, estimates and disclosures.
- Maintains cost-effective internal control and management information systems.

External Auditors

- Assesses the appropriateness of accounting policies, estimates and disclosures.
- Reviews key financial internal control systems.
- Provides value-added, cost-effective audit services.
- Focuses on areas of significant risk to the Board.

Executive Limitations

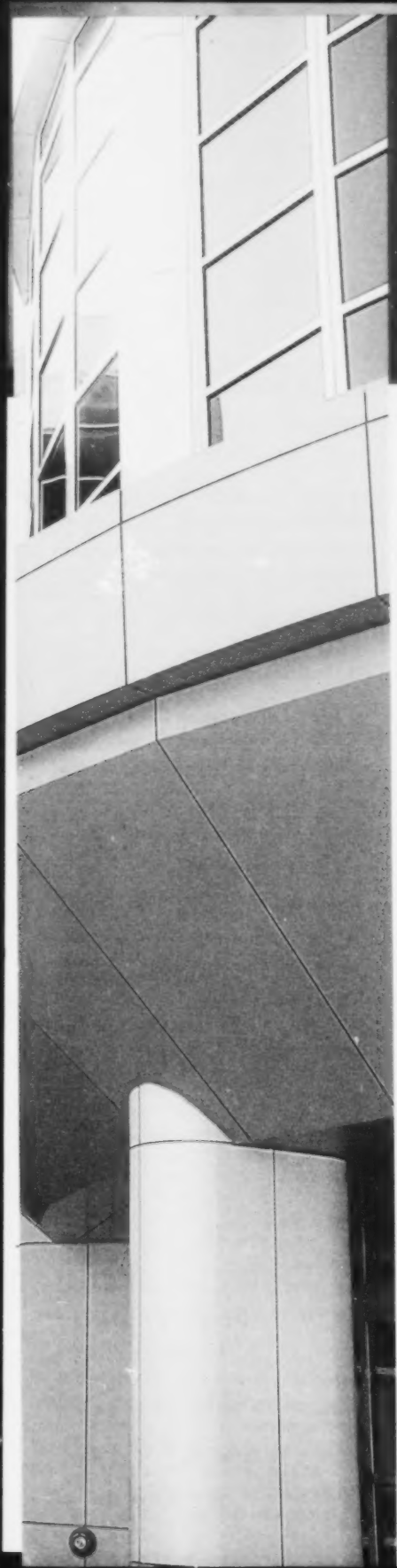
Monitoring through surveys and self-evaluations

Financials - Consolidated Statement of Financial Position & Operations, Year ended March 31, 2004

Consolidated Statement of Financial Position		**2004**	**2003**
ASSETS			
Cash	$	3,382,179	$ 1,190,375
Accounts receivable (Note 3)		3,772,376	4,812,780
Inventories		1,387,553	1,338,691
Prepaid expenses		1,125,217	770,286
Due From Manitoba Health - Vacation		7,195,733	6,682,294
		16,363,058	**14,794,426**
DUE FROM MANITOBA HEALTH - Pre-retirement		8,686,465	7,635,465
INVESTMENTS (Note 4)		3,716,918	3,829,428
CAPITAL ASSETS (Note 5)		106,783,162	79,812,981
OTHER ASSETS		6,171,307	5,674,396
	$	**142,220,910**	**$111,746,696**
LIABILITIES			
Accounts payable and accrued liabilities	$	13,837,838	$ 9,867,337
Bank advances		6,206,224	11,398,561
Employee Future Benefits - Vacation		7,195,733	6,682,294
Current portion of obligation under capital lease (Note 7)		349,705	330,522
Current portion of long term debt (Note 6)		364,331	356,338
		27,953,831	**28,635,052**
ACCRUED EMPLOYEE FUTURE BENEFITS - Pre-retirement		8,686,465	7,635,465
OBLIGATION UNDER CAPITAL LEASE (Note 7)		961,904	1,311,609
LONG TERM DEBT (Note 6)		11,434,692	11,567,629
DEFERRED CONTRIBUTIONS (Note 8)			
Expenses of future periods		1,267,073	974,004
Capital assets		85,086,356	54,088,473
		135,390,321	**104,212,232**
NET ASSETS			
Invested in capital assets (Note 9)		3,068,997	4,517,046
Internally restricted (Note 10)		3,446,401	3,456,596
Externally restricted (Note 10)		25,893	26,665
Unrestricted		289,298	(465,843)
		6,830,589	**7,534,464**
	$	**142,220,910**	**$111,746,696**

Consolidated Statement of Operations		**2004**	**2003**
REVENUE			
Manitoba Health operating income			
Income as per Funding Document			
(Excluding funding related to Capital and Interest)	$	120,701,122	$117,080,007
One Time Funding		-	1,700,000
Retroactive Salary Payments		1,885,068	1,105,713
Recovery of Non Global Items		1,460,264	510,493
Deferral of Manitoba Health Income		-	(53,270)
Other Manitoba Health Income		4,845,686	3,537,165
Total Manitoba Health Funding (Note 11)		128,892,140	123,880,108
Non-insured income		6,125,360	8,179,463
Other Income		3,378,032	2,507,314
Amortization of deferred contributions		5,246,214	5,502,481
Capital revenue - Non Devolved Facilities		795,287	643,360
Ancillary revenue		3,061,868	2,927,405
		147,498,901	**143,640,131**
EXPENSES			
Acute Care Services		87,460,371	78,563,471
Long Term Care Services		20,061,634	27,148,577
Medical Remuneration - All Programs		8,100,788	7,607,748
Community Services Administration		805,116	739,746
Community Based Mental Health Services		9,242,859	8,509,084
Community Based Home Care Services		4,784,925	4,506,386
Community Based Health Services		3,258,701	3,057,403
Land Ambulance		213,708	207,593
RHA Administration Costs		2,476,380	2,287,701
Amortization of capital assets		6,336,233	6,087,680
Capital payments - Non Devolved Facilities		795,287	643,360
Interest on capital lease		84,382	40,569
Interest on long term debt		1,112,277	1,300,134
Other operating expenses		754,684	655,657
Ancillary expenses		2,715,431	2,523,128
		148,202,776	**143,878,237**
Shortfall of revenue over expenses for the year		**(703,875)**	**$ (238,106)**
ALLOCATION OF SHORTFALL FROM OPERATIONS:			
Investment in Capital Assets – MB Health Activities		(920,626)	$ (470,393)
Unrestricted - Manitoba Health Activities		699,714	758,626
Investment in Capital Assets – Non MB Health Activities		(885,489)	(998,321)
Internally Restricted - Non Manitoba Health Activities		403,298	470,757
Externally Restricted		(772)	1,225
		(703,875)	**$ (238,106)**

A complete set of financial statements, auditor's reports and the statement of public sector compensation disclosure can be obtained from the Brandon RHA administration office or by calling 571-8400.



Organizational and Advisory Structure

Executive Management

Carmel Olson, CEO; Andrew Baron, VP Medical Services; Gary McIntosh. VP Support Services; Kathy McPhail, VP Acute Care & Diagnostic Services; Heather Kirkham, VP Community Services & Long Term Care; Brian Schoonbaert, VP Finance & Information Services; Janet Wilcox-McKay, Comptroller/Corporate Liaison; Bev Cumming, Executive Director Planning & Evaluation.

Provider Advisory Council

The Provider Advisory Council (PAC) is a provincially legislated group comprised of 15 local health care providers. PAC members are appointed by the Brandon RHA Board from a variety of disciplines and settings. The Medical Officer of Health is a permanent member. Some activities over the past year have been:

- Implementation of CEO Report as part of regular PAC meetings.
- Participation in the Accreditation Survey.
- Joint Review of the Romanow Report with Brandon RHA Board and Executive Management Committee.
- Review of No Smoking Policy on Brandon RHA grounds.
- Review of Visiting Hours Policy at Brandon Regional Health Centre (BRHC).
- Review of Staff Wellness Services.

Accreditation

The Brandon Regional Health Authority received an "Accreditation with Report" from the Canadian Council on Health Services Accreditation (CCHSA) in 2003. The Council's "Accreditation with Report" requires the Brandon RHA to submit two written reports on four of the 11 recommendations the RHA received when it was surveyed by the council. With the recommendations, the Brandon RHA also received two commendations for energy conservation and its restraint policy. Accreditation is due to the hard work of staff members and the work of RHA teams which evaluated themselves before the actual evaluation by the Council. Teams include: Ambulatory Care, Cancer Care, Community Health, Emergency, Environmental Management, Extended Care, Fairview, Home Care, Human Resources, ICU, Information Management, Leadership, Maternal/Child, Medical Care, Mental Health (children, adults and elderly), Rideau Park, and Surgical Care.

Performance Deliverables Status Report

105-00570/

Performance Deliverables define Manitoba Health's priorities and are in addition to what is set out in existing policy and legislation. There is mutual understanding between the Ministry of Health and the Regional Health Authority that is articulated in the form of a "Performance Agreement". The Minister of Health and the Chairman of the Board are signatories to the document.

1. **Regional Primary Health Care operational plan based on Manitoba Health's Primary Health Care Policy Framework.**
✓ 7th Street Primary Health Access Centre operational June 2004. Fee-for-Service part-time Physician & Advanced Practice Nurse (APN) services commence August 2004.

2. **Regional plan for mental health consumer participation consistent with provincial framework developed by MB Health in consultation with Provincial Mental Health Advisory Council.**
✓ MB Health response indicates plan is comprehensive & will now need to submit a "consumer participation inventory" on a biannual basis.

3. **Regional sexually transmitted diseases (STD) reduction strategy & implementation plan, developed relative to the Region's historical, current & projected STD rates.**
✓ Logic Model developed.
✓ Based on harm reduction philosophy.
✓ Partially implemented thru partnership with MB Health re: Brandon Correctional Institution & Headingly Correctional Institution.

4. **Regional plan to promote best practices in immunization including: immunization rates, cold chain maintenance & monitoring, adverse reaction reporting entry into MB Immunization Monitoring System (MIMS), and Communicable Diseases (CD) protocols re: outbreaks of vaccine-preventable diseases.**
✓ MB Health is providing: Funds for delivery of vaccines, Monitoring information, and Policy guidance re: best practice.
✓ In progress.

5. **3-year Regional Diabetes Program (RDP) implementation plan, based on MB Health framework including: designated RDP Coordinator, RDP Advisory Committee, Continuous Quality Improvement (CQI) process for system review & incorporation of best practices, communication/coordination mechanism, and teams for training and delivery of Complication Risk Factor Assessment (CRFA).**
✓ Intensive strategic planning process conducted with RDP staff of Brandon RHA and ARHA led by Nancy McPherson.
✓ Logic Model and plan developed and presented to MB Health.

6. **Implementation of a restraint policy in all personal care home (PCH) facilities which includes all requirements of MB Health Provincial Restraint Policy (2002): progress report, evidence of implementation.**
✓ Action plan to address compliance developed with PCH Forum.
✓ Monitoring will be initiated by H. Kirkham in accordance with the template provided by MB Health. Report due January 31, 2005.

7. **3-year Regional injury prevention plan.**
✓ Human Resources has provided synopsis of current initiatives & program as per Workplace Safety & Health Act.
✓ Sharon Young represents RHA on Brandon and Area Safe Communities. Designation received November 2003.

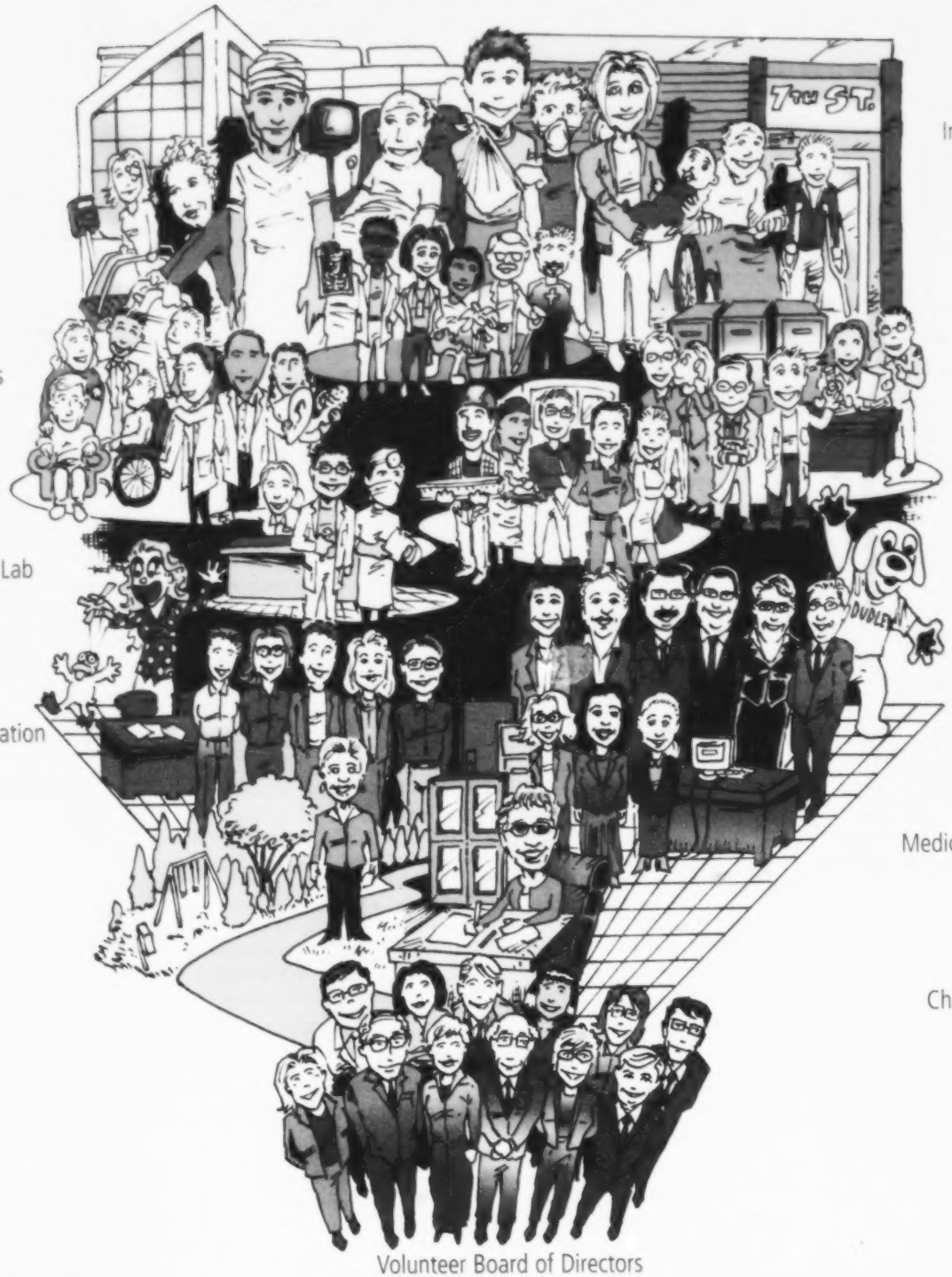
8. **One-year action plan to engage Aboriginal groups in the development of a regional Aboriginal Health Strategy and progress in implementation of the plan.**
✓ Recruitment/Retention Strategy.
✓ Partnership Agreement re: "representative workforce" and Recruitment and Retention Circle established with partners.
✓ Partnership with Council of Indigenous Elders.
✓ Manitoba Metis Federation Diabetes Prevention Project.
✓ Friendship Centre/CPNP Program.
✓ Red Prairie AIDS Project.
✓ Prenatal classes In a Good Way/The Little Teaching Lodge.

9. **Accreditation results & recommendations to MB Health.**
✓ Plan to address recommendations: Written Reports re: Maternal/Child, Westman Lab, physician credentialling and health care directives.
✓ Report of results/recommendations submitted to MB Health.
✓ Reports submitted to CCHSA in accordance with timelines and sent to MB Health February 2004.

10. **Disaster Management Program:**
✓ Regional Disaster Management Program plan developed.
✓ Implementation of a Personal Care Home (PCH) emergency preparedness program within each PCH facility in the RHA.
✓ PCHs are included in the regional disaster management program, including membership on the RHA emergency preparedness committee & emergency plan reviews as scheduled.

11. **Annual Board Self-assessment:**
✓ Board has been conducting self-assessment on an annual basis.
✓ Action plan to address findings of self-assessment developed for presentation to the Board January 2004.
✓ Annual assessment conducted Feb 2004 and submitted to MB Health.

Patients\Clients\Residents



Acute Care

Diagnostic Services

Long Term Care

Community Services

Medical Services

Westman Regional Lab

Planning and Evaluation

Financial Services

Information Services

Support Services

RHA Mascot

Executive Management Team

Medical Officer of Health

Communications

Chief Executive Officer

Volunteer Board of Directors

VISION . . . A model region, responsive to the community through teamwork and a focus on "health".

RHA Programs and Services

ACUTE CARE SERVICES
Brandon Regional Health Centre
150 McTavish Avenue East
Ph: 726-1122 Fax: 578-4969

Inpatient Care
- Intensive Care Unit
- Medical and Surgical Units
- Mother and Baby Unit
- Neonatal Intensive Care Nursery
- Paediatrics
- Palliative Care
- Rehabilitation
- Surgical Suite
- Waiting Placement/Supportive Care

Ambulatory Care
- Cardiac & Respiratory Clinics
- Cast Clinic
- Chemotherapy
- Child Development Clinic
- Day Treatment
- Emergency/Observation Unit
- Gastro Intestinal (GI) Unit
- MB Breast Screening Program
- Ostomy Care
- Pain Management Clinic
- Renal Health Clinic
- Short Term Emergency Program (STEP)
- Tobacco Dependence Program
- Wound Care

Diagnostic Services
- Electrocardiography (ECG)
- Electroencephalography (EEG)
- Imaging (Nuclear Medicine, Ultrasound, CT Scan, MRI, X Ray)
- Respiratory/Cardiac Diagnostics

Regional Rehabilitation
- Communication Disorders
- Neuropsychology Clinics
- Occupational Therapy
- Physical Medicine Clinics
- Physiotherapy

COMMUNITY SERVICES
Public Health Services
A5 - 800 Rosser Avenue, The Town Centre
Ph: 571-8446 Fax: 726-8743
- BabyFirst Home Visitors
- Child Health Clinics
- Communicable Disease Control
- Community Nutrition
- Community Postpartum Program
- Family Planning Clinics
- Health Education and Promotion
- Immunization
- Prenatal Classes
- Women's Health

Midwifery Services
531 Princess Avenue
Ph: 571-5530 Fax: 571-5537
Please call ahead for an appointment with a midwife.

Prairie Health Matters
Ph: 571-8357
Diabetes and Heart Health promotion

Medical Officer of Health
Ph: 571-8395

Audiology Services
Ph: 571-8366
- Elks Preschool Aural Rehab Program
- Hearing testing, counselling and education on hearing loss, hearing aides and hearing protection.

7th Street Health Access Centre
20 - 7th Street
Ph: 578-4800 Fax: 578-4950
- Adult Community Mental Health Services
- Healthy Beginnings - A Healthy Baby Program
- Primary Care Services
- Public Health Services
- Sexually Transmitted Infections / Hepatitis C / HIV Program
- Travel Health Services

Partnership services available at 7th St. Health Access Centre:
- Child and Family Services
- Family Services and Housing
- Addictions Services (AFM)

Home Care Services
150-B 7th Street The Town Centre
Ph: 571-8416 Fax: 726-5720
Referral line 571-8427
- Adult Day Program
- Appeal Process
- Assessment & Application for Personal Care Home
- Assessment & Case Management
- Equipment & Supplies
- Family Relief
- Home Support
- Nursing Services
- Palliative Care
- Personal Care Assistance
- Respite Care
- Services for Seniors
- Supportive Housing
- Therapy Services

LONG TERM CARE SERVICES
Fairview Home
1351 - 13th Street
Ph: 728-6696 Fax: 727-7616

Rideau Park Personal Care Home
525 Victoria Ave. East
Ph: 727-1734 Fax: 726-6690

Associated with:
- Central Park Lodge Personal Care Home
- Dinsdale Personal Care Home
- Hillcrest Place Personal Care Home

MENTAL HEALTH SERVICES
Community Mental Health Services
B13 - 800 Rosser Avenue, The Town Centre
Ph: 571-8300 Fax: 726-8684
- Adult Community Mental Health
- Mental Health Services for the Elderly
- Psychosocial Rehabilitation Program

Centre for Adult Psychiatry (CAP)
BRHC - AP1 - 150 McTavish Avenue East
Ph: 726-2923 Fax: 728-9633

Centre for Geriatric Psychiatry (CGP)
BRHC - Assiniboine Centre -
150 McTavish Avenue East
Ph: 726-2900 Fax: 725-0911

Child & Adolescent Treatment Centre (CATC)
1240 - 10th Street
Ph: 727-3445 Fax: 727-3451

Westman Crisis Services
Administration Office
Ph: 725-3108 Fax: 726-4665
Mobile Crisis Unit (MCU) Ph: 725-4411
Toll Free: 1-888-379-7699
Crisis Stabilization Unit (CSU) Ph: 727-2555
Telephone support, crisis intervention and brief residential care and outreach services.

REGIONAL HEALTH SERVICES
- Infection Control
- MB Telehealth
- Medical Services
- Pharmacy, Rural Pharmacy
- Social Work
- Spiritual Care
- Therapeutic Dietetics
- Volunteer Services
- Westman Regional Laboratory

REGIONAL PLANNING /SUPPORT/ FINANCIAL SERVICES
- Biomedical Services
- Capital Planning
- Continuous Quality Improvement
- Decision Support
- Environmental Services
- Financial Services
- Health Information & Electronic Health Record
- Health Promotion
- Health Resource Centre
- Human Resources
- Information Technology & Telecommunications
- Materiels Management
- Nutrition Services
- Occupational Health
- Population Health
- Pre-Hospital & Emergency Services
- Privacy Officer
- Property Management
- Risk Management

Corporate Priorities

Improved health status of the community through strategies that focus on wellness and population health.

Develop & implement a tobacco reduction strategy with emphasis on children & pregnant women.

- Two staff and one physician trained at Mayo Clinic re: "addictions model".
- Staff pilot commenced in November 2003 and will be expanded to target populations in fall of 2004 e.g. attendees at clinics for cardiovascular/respiratory/diabetes; mental health; etc.
- RHA participated in lobby to support City of Brandon smoking by-law, as well as the proposed provincial legislation.

Develop strategies to reduce the incidence of teenage pregnancy.

- Family Planning Clinics at The Town Centre, Brandon University, and Assiniboine Community College; integrated into services at the Primary Health Access Centre.
- 1:1 counseling provided by Public Health Nurses (PHNs).
- Regular presentations in schools.

Support healthy child development in children of teenage parents: prenatal care, parenting skills training, day care in high school

- Proposal for high school based day care is in development stage.
- Special Delivery Club provides prenatal education specific to this target group.
- Parenting skills training through Baby First; at Elspeth Reid Family Resource Centre; in partnership with Manitoba Metis Federation; and at the Brandon Friendship Centre.

Develop & implement strategies to increase rate of breast cancer screening.

- Collaboration with Waves of Hope: video production, several speaking events well attended, Run for Cure, Breast Cancer, Network web page.
- Established information collection in Learning Resource Centre October 2002.

Participate in Chronic Disease Prevention Project in partnership with Alliance for Chronic Disease.

- Proposal submitted to Manitoba Health.
- Brandon & Assiniboine RHAs developed logic model to guide a strategy.
- Implemented cardiac & respiratory care clinics in Clinical Services Ambulatory Care setting.

Implement revised Regional Diabetes Program (RDP) with emphasis on Aboriginal population.

- RDP logic model completed.
- Implementation partially commenced in January 2003 i.e. Intake Worker.
- Developing physical activity strategy for "Westman" area.
- Improved processes for client follow-up.

Develop & implement strategies to improve the quality of life for persons with psychiatric illness: Integrated Housing Project, promote bus pass program for Income Assistance (IA) recipients, establish partnership with Society for Manitobans with Disabilities (SMD) for "Inclusive Communities" project, continue as a partner in Transitional Employment Project, Supported Living Project to promote graduation from intermediate unit & promote early intervention.

- Integrated Housing Implementation Committee established – expect full implementation by fall of 2004.
- Funding approved for renovations to Princess Park (MB Housing Association complex).
- Bus Pass Program approved for provincial IA clients as one-year pilot.
- Grant received from WCB for "Maximizing Abilities in the Workplace" project with SMD.
- Supported Living Project established with funds redirected from Residential Care and efficiencies attained by Proctor assignments, as well as new funding from MB Health.

Provincial Priorities:

- Enhanced Immunization.
- HIV/AIDS Strategy: Program as per provincial policy, Cold Chain Policy developed in partnership with Assiniboine Region and implementation has begun, entry into MIMS improved, adverse reaction reporting, Harm Reduction Strategy implemented, expanded services to Brandon Correctional Institute and Headingley in collaboration with MB Health April 2003.

Corporate Priorities

Health programs and services that are people-centered, evidence-based and needs driven.

Maintain a corporate strategic planning process that facilitates participation throughout the organization.
- Strategic planning, Continuous Quality Improvement (CQI), and accreditation processes integrated.

Implement the Performance Measurement Project (PMP).
- Monthly reporting at team meetings and to Executive Management Committee.
- Quarterly reports to Board

Develop formal evaluation tools that are program & service specific.
- Generic tool developed and is currently in use by select programs.

Conduct operational reviews where indicated.
- Completed in Rehab; Human Resources, Central Information Services, and Extended Care.
- Recommendations considered and implemented or phased plans established as appropriate.

Conduct comprehensive Community Health Assessment (CHA) every 5 years with specific target groups & services.
- Ongoing approach adopted, as well as provincial collaboration.

Divert hospital respite beds to Rideau Park Personal Care Home (PCH).
- Manitoba Health provided funding for building renovations.

Integrated system with services along a seamless health care continuum

Avoid duplication of service through multi-sectoral partnerships.
- Central intake process in progress for Speech Language Therapy/Occupational Therapy/Physiotherapy.
- Multi-agency Preschool Wellness Day.
- Early Years Team established.
- Safe Communities Coalition.
- Aboriginal Recruitment & Retention Partnership Agreement.

Region-wide integrated Electronic Health Record (EHR) to coordinate service provision amongst multiple providers.
- Lab Information Systems (LIS)/Radiology Information Systems (RIS)/Picture Archiving Communications System (PACS) implemented.
- EHR in progress and aligned with Clinical Services Redevelopment Project (CSRP).

Seek opportunities to improve integration across programs and services i.e. promote the concept of "no walls" and virtual sites.
- Interdisciplinary planning for utilization, Primary Health Care (PHC) initiative, outreach clinics at hospital.
- Additional Home Care Case Coordinator introduced in hospital setting through redirected funds.
- Mental health programs integrated.
- Planning with Addictions Foundation of MB (AFM) to address needs of clients with co-occurring mental illness and substance abuse.

Promote the notion that "health promotion and education re disease prevention is everybody's job".
- Stakeholders' meetings/planning re cardiac care, chronic diseases, respiratory, and palliative care.

Determine the feasibility of a Primary Health Care (PHC) initiative and submit proposal.
- PHC Access Centre opened May 2004.

Corporate Priorities

Human, financial and capital resources that are appropriate and sustainable

Support voluntary unpaid LOAs.
- Minimal participation.

Assess all vacant positions.
- One Support Services management position deleted upon retirement of incumbent in June 2003.
- Supervisor position in Rural Biomedical Program deleted in spring of 2004.

Continue including all department heads in zero-based budgeting process.
- VPs, Coordinators, Program Managers, & Supervisors involved in detailed planning, as well as ongoing monitoring.

Develop plan for inclusion of "Hospitalists" in physician complement.
- Considered by Physician Recruitment and Retention Committee and Executive Management Committee.
- Deferred indefinitely.

Collaborate with MB Health & the Winnipeg RHA (WRHA) to affect a Memorandum of Understanding (MOU) re: centralized management of Hillcrest Place & Central Park Lodges.
- Completed; funding transferred to WRHA April 2003.

Complete implementation of "Sexual Assault Program".
- Training complete.
- Info booklet complete.
- On call system established.
- Will require ongoing training and orientation of volunteers.

Consolidate services for long-term ventilation patients.
- Complete.

Finalize implementation of partnership for itinerant Audiology services with Parkland and NORMAN Regions.
- Incumbent resigned and recruitment of a replacement has been unsuccessful.
- Other options being explored.

Complete the following capital projects and secure operating funding: Clinical Services Redevelopment Project (CSRP), Diagnostic Services MB (DSM), Bed tower at BRHC, Diagnostic Imaging redevelopment, MRI development, laundry relocation, incinerator redevelopment,
- Commitment for CSRP and MRI operating dollars in 2003/04 funding letter.
- Proposal for a comprehensive plan with a phased approach in developmental stages for: bed tower, laundry, incinerator, DI, conversion of decanted space related to CSRP, and other capital projects in health plans.

Initiate development of a functional program and design of a Radiation Therapy Unit in collaboration with Cancer Care Manitoba.
- Initial discussions and planning are underway.

Develop Short Stay Unit through redirection of money saved from practice changes.
- Evidence does not support a unit at this time; therefore, will review need in relation to CSRP program changes over time.

Refine the "equipment acquisition process" and secure funding to support programs/services, including building maintenance and replacement. Funding levels from MB Health and donations: MB Health = 624,000, Donations = $137,000, other sources = $607,000
- Continues to be huge gap between funding and equipment needs, i.e. 38.4% of requests acquired.
- Acquisition process improved and utilized region-wide.
- Specialized equipment is assessed at $100,000 or greater and included in a separate funding envelope from MB Health, prioritized on a provincial basis.

Secure appropriate operating funds.
- Funding shortfall (MB Health activities: projected = $1.8 million, actual = $220,912). Baseline remains inadequate.

Corporate Priorities

An organization that attracts and retains employees who feel valued and supported

Ensure the development and implementation of a comprehensive Human Resource plan, including succession and mentoring plans, and recruitment and retention strategies.

- Partnership with Education & Training established to support continuing education & laddering.
- Forgivable loans available.
- Preceptors/internships for: dieticians, pharmacists, occupational therapists, physiotherapists, social work, nurses.
- Vacant RN positions declined from 50 to 20 in 2002/03 and further declined to 12 in 2003/04 (full-time equivalent).

Develop and implement initiatives that contribute to the creation of a healthy workforce and workplace.

- Partnership with WCB re return to work programs.
- Staff satisfaction survey shows 73% in 2002 compared to 69% in 2000.

Implement Employee Wellness Program.

- Smoking cessation program implemented.
- Massage therapy available at most sites.
- Employee Wellness Team established.

Determine feasibility of a Child Day Care at BRHC site.

- Board established and proposal/plan being developed.

Ensure effective communication strategies throughout the Region. Communication survey scores:

- Combination of "yes" and "sometimes" is 94%.
- Structure of general staff meetings changed to "coffee/table chats", as previous forum was mechanism with lowest score in survey.
- Established quarterly "Regional Leadership Team" forum to expand decision-making – Program Managers to be included semi-annually.
- Established forum to meet with municipal councils.
- Providing written CEO report to Board.
- Established "physician recruitment and retention" committee with two major clinics.
- Established Medical Advisory Committee (MAC)/Executive Management Committee (EMC) forum.
- Joint Conference Committee established (Board/Physicians/Management).
- Meet with staff and partners as requested or indicated.

Determinants of Health

What Makes Canadians Healthy or Unhealthy?

A simple story speaks to the complex set of factors or conditions that determine the level of health of every Canadian.

Why is Jason in the hospital?
Because he has a bad infection in his leg.
But why does he have an infection?
Because he has a cut on his leg and it got infected.
But why does he have a cut on his leg?
Because he was playing in the junkyard next to his apartment building and there was some sharp, jagged steel there that he fell on.
But why was he playing in a junkyard?
Because his neighbourhood is kind of run down. A lot of kids play there and there is no one to supervise them.
But why does he live in that neighbourhood?
Because his parents can't afford a nicer place to live.
But why can't his parents afford a nicer place to live?
Because his Dad is unemployed and his Mom is sick.
But why is his Dad unemployed?
Because he doesn't have much education and he can't find a job.
But why ...?"

- from Toward a Healthy Future: Second Report on the Health of Canadians

There is a growing body of evidence about what makes people healthy. Each of these factors is important on their own but at the same time are interrelated. The following provides an overview of what we know about the ways the determinants influence health.

1. Income and Social Status - Health status improves with prosperity and social standing. High income determines living conditions such as safe housing and ability to buy sufficient good food. A number of studies show that limited options and poor coping skills for dealing with stress increase vulnerability to a range of diseases through pathways that involve the immune and hormonal systems.

2. Social Support Networks - Support from families, friends and communities is associated with better health. The caring and respect that occurs in social relationships, and the resulting sense of satisfaction and well-being, seem to act as a buffer against health problems.

3. Education and Literacy - Education contributes to health and prosperity by equipping people with knowledge and skills for problem solving, and helps provide a sense of control and mastery over life circumstances. It increases opportunities for job and income security, and job satisfaction. And it improves people's ability to access and understand information to help keep them healthy.

4. Employment / Working Conditions - Unemployment, underemployment, stressful or unsafe work are associated with poorer health. People who have more control over their work circumstances and fewer stress related demands of the job are healthier and often live longer than those in more stressful or riskier work and activities.

5. Social Environments - The array of values and norms of a society influence in varying ways the health and well being of individuals and populations. Social stability, recognition of diversity, safety, good working relationships, and cohesive communities provide a supportive society that reduces or avoids many potential risks to good health.

6. Physical Environments - Factors in our natural environment (e.g. air, water quality) and human-built environment (e.g. housing, workplace safety and road design) play a role in individual and public health.

7. Personal Health Practices and Coping Skills – Learning how and what individuals can do to prevent diseases and promote self-care, cope with challenges, develop self-reliance, and solve problems will help people make choices that enhance health.

8. Healthy Child Development – Prenatal and early childhood experiences have a positive impact on brain development, school readiness and health in later life. At the same time, all of the other determinants of health affect the physical, social, mental, emotional and spiritual development of children and youth.

9. Biology and Genetic Endowment - In some circumstances inherited predispositions appears to predispose certain individuals to particular diseases or health problems.

10. Health Services – High quality, accessible health services and health promotion contribute to public health.

11. Gender – Boys and girls and men and women get different kinds of disease and conditions at different ages. They also tend to have different income levels and different kinds of jobs, often a result of the way a society views and treats males and females.

12. Culture – People's customs, traditions and the beliefs and values of their family and community all affect their health. These factors influence what people think, feel, do and believe in.

Sources: Health Canada, Canadian Health Network, Calgary Health Region Annual Report 2001/2002.
Source documents are: Toward a Healthy Future: Second Report on the Health of Canadians http://www.hc-sc.gc.ca/hppb/phdd/report/index.html and Strategies for Population Health: Investing in the Health of Canadians: http://www.hc-sc.gc.ca/hppb/phdd/resources/index.html

Publisher/Editor: Annette Wiebe
Design by Chris Noto, Mint Graphics
Organizational Chart Illustration by Nevin Arnold

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